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## THE PRESENT AND FUTURE OF THE EYE AND EAR SECTION OF OUR STATE MEDICAL SOCIETY.

By WILLIAM H. DUDLEY, M. D., Chairman, Los Angeles.

The question of forming sections out of the large medical societies, since 1879, when the ophthalmic surgeons drew out of the American Medical Association, and held separate meetings, has found popular acceptance in the minds of physicians trying to do the best work along special lines; and as it was the ophthalmic surgeons who first united to form a separate section in the American Medical Association, so it has been since in the state societies, or rather, the eye surgeons joined by the ear, nose and throat surgeons, who have been the first, as a rule, to avail themselves of the privilege of working by themselves, not to the exclusion of the general, or other special practitioners; but by combining their efforts, they have been able to achieve far better results than could have possibly been accomplished in the older method of all working together in the general section. It is possible, however, that this method may not be without its disadvantages, for while it does certainly deepen the channel in which we work, it may also contract the limits of our scientific usefulness.

We must, however, all admit the depth to which all special lines have developed within the past few years, that none of us is longer able to grasp all that is being taught at the present time in medical science, hence, if we would do the best work, it must be along special lines.

Since the state societies began to form special sections, no less than ten have joined in this form of division, and one, viz., Arkansas, I am informed is arranged somewhat after the American Medical Association, except that instead of holding the meetings simultaneously, the different sections hold their meetings in order of sequence, having no general scientific meetings.

Recognizing the advantage of this form of segregation, the eye, ear, nose and throat surgeons, members of the California State Medical Society held a meeting at the time of the state meeting two years ago, elected a chairman and secretary to get up a scientific program, and make arrangements for a meeting the following year, and we all know that a successful meeting was held last year at Santa Barbara. Again a chairman, vice-chairman and secretary were elected to arrange for a second meeting to be held this year, but no other business was transacted so far as I am aware. That the secretary, to whom the credit of the success of this meeting chiefly belongs, has been

awake since the last meeting of the section our present program testifies in eloquent terms.

Soon after being elected chairman last year, it was discovered through correspondence with the secretary of the state society, that in reality, this section had no existence, which statement, if true, convinced the chairman that an effort should be put forth to bring it into existence. If the section were simply an embryo, it must be near the end of gestation and arrangements should be made for a delivery, so to speak. Inasmuch as section viii of the constitution of the state society provides for the formation of sections, it was felt that a resolution should be presented to the house of delegates at this meeting, calling for the recognition of this section, and defining its rights and privileges. Permit me to state that such a resolution has been prepared, and if it meets with the approval of the members at this meeting, it will be presented, and its adoption be asked.

The chairman will also be pleased at the proper time, to entertain a motion for the appointment of a committee for the purpose of drawing up a constitution and by-laws, for the proper government of this section, the same to be presented at a later meeting, for consideration and adoption.

Now it appears to the chairman that we have as members of the state society, and consequently, members of this section, many men of eminent scientific attainments, men to whom we may look for achievements in the line of scientific investigation, which if properly presented at our state meetings will place this state society second to none in this country in results obtained. We have clinical advantages here peculiarly well adapted to investigation along certain lines which no other state can claim. Physicians from all over the East are sending patients to us almost without number, with complications in our line of work, which if grasped, give us opportunities unsurpassed, which we should investigate, recognize, and in this section work out the results.

These patients not only come to us from the East, but many also from the West, from the islands of the sea, from the North and from the South, in native and alien, and to successfully comprehend the conditions presented, demands the best that is in us, pathologic, diagnostic, surgical and therapeutic, and the results of our work, properly presented at our annual meetings, will place the eye and ear section of the Medical Society of the State of California in an enviable position among the similar sections of the societies of our country.

## OCULAR DISTURBANCES CAUSED BY THE CINEMATOGRAH.\*

By MORTON E. HART, M. D., San Francisco.

Ocular disturbances due to the cinematograph have, up to the present time, received practically no mention in medical literature. It seems strange that this should be the case, for no doubt it has

\* Knowledge and Scientific News (London).

fallen to the lot of almost every oculist, particularly in the large cities to have seen and treated many patients suffering from this new disease. And there are very good reasons that there should be ocular disturbances from this new plaything of the people.

The cinematograph has for its principle the persistency of luminous impressions on the retina. The impression made by light on the retina does not cease the instant the light is removed, but persists about one-eighth of a second. If the luminous impressions are separated by a less interval, they appear continuous. In the cinematograph projection, the pictures are thrown upon the screen at the rate of sixteen a second and though this apparently shows continuous motion, such is not the case. An infinitesimal period of motion is lost between each successive picture in the short period the lens is closed to admit of the successive section of film being jerked into place behind the lens and although the eye does not realize the motion that is lost, yet it still has an impression of lack of continuity, colloquially described as "flicker," attributed to cutting in and out of the shutter, but which is in reality, nothing more than the sharp line of demarcation between each period of movement, as represented by its individual instantaneous picture.\*

The average cinematograph performance lasts from three-quarters of an hour to an hour and is it a wonder that we get ocular disturbances after subjecting such a sensitive membrane as the retina to such fatigue. These successive excitations exhaust the sensibility and disturb the physiological function of the retina.

The ocular disturbances, classified under the generic term of "cinematophthalmia," are really disturbances of vision due to traumatism, and are matters of degree. The process is the same in all of the conditions. There are those cases which are merely transient in their disturbance. When the picture is first thrown on the screen, the individual is inconvenienced by photophobia and a few tears. He closes his eyes and these symptoms soon pass away after a few seconds of repose, and the retina accustoms itself to the new condition of affairs. A further degree is of longer duration; the retina cannot adopt itself to the fatigue imposed on it and each time the individual opens his eyes, the symptoms reappear. It is impossible to continue the spectacle. After leaving the theatre, the disturbance still persists and in addition to the mild photophobia and lacrymation there ensues a slight reddening of the conjunctiva. A few hours, or at least a night's rest, will return the eyes to their normal tone.

In the third degree of disturbance, the symptoms are more severe and the return to the normal somewhat prolonged. Here the photophobia, lacrymation and conjunctivitis persist for several days and in addition, we have a smarting and itching of the eyes.

In the very severe cases, besides the inflammation of the conjunctiva with its attendant symptoms of lacrymation and photophobia, we have

very definite asthenopic symptoms, both accommodative and retinal—the former due to the ciliary strain and the latter due to a hyperesthesia of the retina. The distant vision remains normal. Under examination these patients are found to have no error of refraction or lesion of the fundus. A case in question may here be cited:

E. R., female, age 16, was brought to me with the following complaint: Eyes burned and itched and the lids were red, particularly at night. Reading was impossible on account of blurring of the page. No headaches. This condition would clear up after a night's rest, to reappear again at frequent intervals.

On examination a slight reddening of the conjunctiva was found and under a mydriatic an error of one degree of hyperopia, which was corrected. The near point was normal, showing no error of accommodation. Of course this was tested before using the mydriatic. No lesion of the fundus was found. Unfortunately the patient could not be seen during an attack.

After wearing the glasses for several weeks, the patient reported, stating that the condition had not improved. She was then closely questioned and it was found that it was her habit to attend a moving picture show at least four times a week after school and unbeknown to her mother. She was forbidden this amusement and the condition entirely cleared up.

Fortunately these ocular disturbances are not serious and will clear up under simple collyria and rest.

The question will naturally arise, how can we do away with the cause of the trouble?

First: The films must be perfect and free from all imperfections. We have all noticed the scratches on the pictures, particularly at the end of the reels, due to careless handling. When we realize that the average picture thrown on the screen is about 97,000 times larger than the original size of the individual film, we can appreciate that even the smallest blemish on the films will be tremendously magnified on the curtain and will have a correspondingly bad effect on the eyes.

Second: The illumination must be steady, must not vary and must neither be too bright nor too dim, for this causes fatigue.

Third: The speed with which the films are turned must be regular. Any irregularity will have a tendency to cause ocular fatigue.

Fourth: The position of the spectator is very important and should receive proper regulation at the hands of the authorities. First of all, there should be no seats placed at the sides of the auditorium. Every seat should be in direct line with the curtain. This will do away with the distortion of the picture. Anyone who has had the experience of sitting on the side, can appreciate the intense strain and fatigue placed on the eyes.

No seat should be placed nearer than twenty feet from the screen and further if practicable; depending upon the size of the picture on the curtain. This will do away with any accommodative effort on the part of the spectator and thus will reduce the fatigue to a minimum. The nearer the screen the greater the fatigue so the seats at the rear of the auditorium are the best.

The effect of the cinematograph on the eyes finally depends upon the individual himself. Some persons can attend daily without evil results while others cannot stay through a single picture without ocular fatigue. This depends to a great extent upon the nervous predisposition and those with this idiosyncrasy should remain away from the cinematograph.

#### APPENDICITIS: THEN AND NOW.

By JNO. C. KING, M. D., Banning.

I report the following case merely as an illustration of the change that has occurred during the past thirty years in the attitude of the profession toward appendicitis. In the summer of 1880 I attended a case of what we then called peri-typhilitis. An abscess formed. The patient became very ill. I requested a consultation with a view to operation. The consultant, an able man of large experience, decided that operation was unjustifiable and advised ointment of iodide of potassium, well rubbed in. Forty-eight hours later, feeling that operation was imperative, I sent to Cincinnati for a well-known surgeon, professor of surgery in a college there. Upon examination he declared the man would die under any circumstances; that he would not risk his reputation by operating; that aspiration of the pus was the only thing good surgery demanded. (He kindly offered to send me an aspirator.) The patient was becoming septic; so, after another forty-eight hours, I insisted upon opening him. He gave consent. I asked a number of physicians to give ether, but, although several of them had anesthetized patients for me for other purposes, none would give ether in this instance, deeming it improper to attempt operation. I finally told the man to get another doctor; that I felt he would die unless the pus could be removed; that none of my friends would assist me in doing what I thought needful. He replied that I could go ahead without an anesthetic; that he could stand it if I could. The patient's brother had threatened to kill any one who would attempt to cut him; so, while his wife stood guard at the door, I cautiously opened the abscess. It is difficult to realize that what we now deem so simple and necessary a procedure should then have been considered so absolutely wrong. The tension in the abscess was such that the pus spurted up not less than an inch when the knife reached it. I evacuated all I could and dressed the wound. Before my return the next day, one of my colleagues, a leading man, visited the patient unbidden, removed the dressings and examined the wound, notwithstanding the protest of the wife. He declared the man would die; that I had been guilty of malpractice; that he would be glad to be called upon as a witness in the prosecution that he knew must follow; that he had taken the liberty of examining the patient before death with that end in view. A year ago Dr. T. B. Wright, of Pasadena, brought to me a message from the patient, Col. M. V. B. L., of Circleville, Ohio, to the effect that he was still living. This story is amusing and almost incredible now, but thirty-two years ago it meant a real battle for a very young and fairly ignorant surgeon.

#### THE CALIFORNIA STATE TUBERCULOSIS COMMISSION.\*

By GEORGE H. KRESS, M. D., Los Angeles, Chairman of the Commission.

The particular reason for giving the California State Tuberculosis Commission a place on this

morning's program was to officially and briefly call to the attention of the members of the State Medical Society, somewhat of the nature of this newly formed commission and of some of the things it hoped to do.

As you all know, the last legislature appropriated five thousand dollars, to be spent by a special tuberculosis commission to be appointed by the California State Board of Health, this commission to use this money to "ascertain the effects of localities, employments, conditions and circumstances on the health of those developing tuberculosis, and to determine the best means of eradication thereof."

After a good deal of preliminary correspondence by Dr. Wm. F. Snow, the State Health Board Secretary, with all the anti-tuberculosis societies and others known to be interested in the prevention and cure of tuberculosis in California, the State Board of Health decided to appoint a State Tuberculosis Commission consisting of an executive committee of five and an advisory board of fifty.

The State Board of Health appointed on the executive board of five the following persons:

Dr. C. C. Browning of Los Angeles, Miss Katherine Felton of San Francisco, Dr. R. G. Broderick of San Francisco, Mr. A. Bonnheim of Sacramento, Dr. George H. Kress of Los Angeles, chairman.

The executive board held its first meeting at Sacramento last fall and it was then decided, in joint session with the State Board of Health, that the local headquarters for the work of investigation should be the office of the State Board of Health at Sacramento, where access could be had to all the vital statistics of the state, and where the other trained assistants of the State Health Board as well as the special employees of the Tuberculosis Commission could be under the constant supervision of our efficient State Health Board Secretary, Dr. Wm. F. Snow.

It was also decided that the Advisory Board of fifty prominent physicians and laymen interested in the prevention of tuberculosis, should be divided into ten sub-committees, each of which sub-committees was to have as its chairman one of the members of the Executive Committee, the idea here being to centralize the responsibility of the actual work of the members of the Executive Board, so that at the quarterly meetings of that Executive Board it might be possible to have a first hand knowledge of the work in progress.

The divisions of these ten special lines of investigation and the personnel of the complete commission, are as follows:

1. Institutional Activities: Administration. Dr. Browning, chairman.

2. Institutional Activities: Construction. Dr. Browning, chairman. The construction and administration of sanatoria, hospitals, dispensaries, camps, etc., are included in the work of these committees as well as home treatment and general prophylaxis.

3. School Construction and Health Administration of Schools. Miss Felton, chairman.

\* Report to the annual meeting of the Medical Society of the State of California at Del Monte, Cal., on April 17, 1912.